United Nations E/ICEF/2018/22

Economic and Social Council

Distr.: General
31 July 2018

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2018
12–14 September 2018
Item 8 of the provisional agenda*

Management response to the UNICEF evaluation report

Evaluation of the UNICEF Level 3 response to the cholera epidemic in Yemen: crisis within a crisis

Summary

The evaluation was commissioned by the UNICEF Global Emergency Coordinator in the course of the response to the cholera crisis in Yemen, with a primary objective of informing the UNICEF Yemen country office management in its effort to implement the integrated cholera response, prevention and system-strengthening plan and, specifically, to identify rapid corrective action and better respond to the needs of affected populations in Yemen. Additional objectives were to capture findings and lessons learned in support of advocacy efforts both internally within the country and externally with relevant partners, and to contribute to global knowledge.

There is unanimous recognition of the extremely difficult country context in which the Yemen country office operates, with the cholera crisis emerging within the broader, ongoing humanitarian crisis. Restricted access to Yemen posed certain limitations to the evaluation team; these were mitigated through the recruitment of additional consultants within the country, who facilitated data collection from partners in Yemen.

The evaluation report identified 16 detailed recommendations in the following areas:

(a) Supply, procurement and implementation of immunization campaigns (including stocks prepositioning);

(b) Strengthening the coherence of the response within offices and between the country office, regional office and headquarters;

* E/ICEF/2018/19.
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(c) Strengthening the capacity for the response: internal (UNICEF staff), external (rosters of experts, Programme Cooperation Agreements) and partners (community health workers and volunteers);

(d) Strengthening surveillance and monitoring mechanisms;

(e) Prevention (strengthening knowledge and improving behaviour at the community level) and preparedness (guidance development and collating and sharing knowledge);

(f) Coordination with partners, particularly with the World Health Organization (WHO).

The primary users of the evaluation within UNICEF are the Yemen country office; the Middle East and North Africa Regional Office (MENARO); the Office of Emergency Programmes (EMOPS), the Programme Division and the Supply Division. A note consisting of the evaluation recommendations was prepared by the evaluation team and shared on 15 May 2018 with UNICEF senior managers, prior to the report's completion.

The Emergency Management Team (EMT) discussed the note, and a number of critical actions were initiated immediately, such as: (a) the establishment of the MENARO Cholera Task Force to ensure coherence in the guidance and support to the country office and to the EMT; (b) the development of the rapid response team coordination centre for health and water, sanitation and hygiene (WASH) in the country office for daily interaction and information sharing; and (c) the recruitment of an epidemiologist at the regional level to ensure the ongoing analysis of country context and risks, to support data interpretation and to trigger system responses, as necessary.

The strengthening of capacity for surveillance, monitoring and reporting at various levels is a continuous effort, aimed at timely data collection, interpretation and use for course adjustments. Coordination and information sharing with other partners, particularly with WHO, is ongoing, and concerted efforts are made at the country office, regional office and headquarters levels to strengthen coordination.

Preparedness measures are being taken, including the prepositioning of supplies and the preparation of Programme Cooperation Agreements to cover response in high-risk districts. Actions are underway or planned at the headquarters level to collate, consolidate and use learning from the response to the cholera epidemic in Yemen and in other countries, and to revise or develop new guidance for strengthening the capacity of UNICEF to prepare for and respond more effectively to future epidemics.

The follow-up to the management response will be tracked through the Yemen EMT under the leadership of the UNICEF Global Emergency Coordinator for Yemen (Regional Director for MENARO). Regular updates on the progress of the response will be uploaded to the UNICEF Evaluation Management Response Tracking System.

The report and summary products will be shared with external partners for their consideration and action, as appropriate.

Key evaluation recommendations and UNICEF management response

Action	*Responsible section/s*	*Expected completion date*	*Actions taken and implementation stage: Not started Under way Completed Cancelled*	*Supporting documents*[1]
Evaluation recommendation 1: Secure vaccination supply for further vaccination campaigns Given the very high risk of another cholera outbreak, the vulnerability of the population and the limits to humanitarian response, the case for a preventive oral vaccination campaign in early 2018 is compelling. While working on a political agreement with the relevant authorities in Yemen, it is recommended that on a no-regrets basis an urgent request to suppliers be placed through the International Coordinating Group to allow for a targeted campaign in the highest-risk areas. **Management response: Agree** Collaborative work for needs assessment and the supply and procurement of vaccines and the implementation of the phase-one campaign oral cholera vaccine (OCV) in part of the country have already taken place. A total of 274,650 persons aged 1 year or older were vaccinated in five districts of Aden in May 2018. Preparatory work for a second-phase campaign is ongoing at all levels of the organization.				
Action 1.1 Implement risk assessment to identify areas that would benefit from an OCV campaign.	Country office	January 2018	Completed Risk assessment has been done and shared with regional office and headquarters and inputs have been incorporated.	World Health Organization, Cholera Risk Assessment Yemen (version using data as at 7 January 2018)
Action 1.2 Submit application to the Global Task Force on Cholera Control (GTFCC) for allocation of OCV from the global stockpile to Yemen.	Country office	April 2018	Completed An application with a detailed OCV campaign plan; a water, sanitation and hygiene (WASH) strategy and plan; a communication for development (C4D) strategy and plan; and an overall cholera response plan have been submitted to GTFCC.	
Action 1.3 Supply OCV in support of campaigns.	Supply Division, country office, regional office	August 2018 (This date may change depending on final scheduling	Under way GTFCC approved 4.58 million doses of OCV for a first-round preventative campaign, implemented in 10 districts,	Internal supply and logistics documents (e.g., purchase order, pre-advice for

[1] The majority of the supporting documents listed in this column are internal UNICEF documents.

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		of campaign, in agreement with health authorities in Sana'a.)	originally planned to take place before the rainy season in March-April 2018. A second-round campaign of 4.58 million doses is planned for later in 2018. As permits for entry were not provided to allow shipment of OCV to Sana'a for the March campaign, after consultation with the regional office and partners (WHO, Gavi, the Vaccine Alliance, UNICEF), a final decision was taken to ship 455,000 doses to Aden, which arrived on 24 April 2018. The remaining ordered quantities (869,750 doses) were diverted to Nigeria from the hub in Nairobi before the expiration of the Q-tags (so that the shipment could not be received by another country and doses would be destroyed). The Supply Division is ready to respond to further OCV requirements, and vaccine can be shipped and delivered in two to three weeks, in accordance with the complex shipping requirements for vaccine deliveries to Yemen.	vaccine charter; vaccine updates, landing permit confirmation)
Action 1.4 Conduct OCV campaign in five districts of southern Yemen (phase I).	Country office	May 2018	Completed A campaign was conducted in the south of Yemen in five districts; cold storage was arranged at a local hospital and the Aden Governorate Health Office cold room; and	Summary of OCV campaign conducted in Aden, Yemen, May 2018

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			transportation arrangements were made to the target districts.	
Action 1.5 Conduct OCV campaign in northern Yemen (phase II) and continue in southern Yemen.	Country office, with regional office support for advocacy	June/July 2018 and onwards	Under way The plan is in place. At the time of reporting, the health authorities in Sana'a had agreed to an OCV campaign in the high-risk districts in the northern governorate of Hodeida and vaccine procurement had been initiated. GTFCC had requested additional information before approving the shipment, which has been provided. The situation remains uncertain, due to the ongoing conflict in Hodeida. A plan is also in place for an additional OCV campaign in the south of the country.	
Evaluation recommendation 2: Establish regional specialist capacity for epidemiology/cholera The evaluation team believes that specialist in-house epidemiological capacity is an essential component of UNICEF capacity against cholera and other epidemic diseases. Reliance on internal surge capacity to fulfil this role proved too slow in Yemen in 2017. The vulnerability of countries in the MENA region is such as to justify a dedicated post in the regional office and should be seen as part of a regional capacitation approach. This would enable the regional office to work with country offices to, for example, help to conduct risk assessments and draw up contingency plans; routinely assess countries' preparedness capacities; analyse emerging data on cholera or other epidemics; and support cross-country lesson learning. **Management response: Agree** The need for dedicated capacity at the regional office level to implement analytical work and contribute to capacity strengthening is recognized. The recruitment process is completed. The incumbent will join the regional office in July 2018.				
Action 2.1 Recruit P4-level epidemiologist.	Regional office	July 2018	Under way A P4-level epidemiologist has been identified through a competitive process and an offer-letter was issued in May 2018.	

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Evaluation recommendation 3: Build regional response capacity for cholera UNICEF should build regional response capacity in the MENA region oy constituting a network of cholera-experienced staff, conducting regional trainings to share the latest knowledge and global know-how from other regions and sharing cholera experience in other countries. Countries should be supported to prepare guidelines, response plans, standard operating procedures and training packages so as to be ready to respond. **Management response: Agree** MENARO has strengthened its regional rapid response capacity to include a cadre of cholera-trained and experienced staff, and is looking to expand C4D capacities in the regional office. The Office is supporting focused cholera preparedness in Yemen, Iraq and the Sudan using the latest standard operating procedures and guidelines, planning for dedicated trainings for WASH and C4D staff in the region and actively sharing lessons from past cholera responses through regional networks and emergency management teams (EMTs).				
Action 3.1 EMT meetings and mailing lists are used to exchange lessons from other responses.	Regional office	Continuous	Under way References to lessons from other responses are made.	
Action 3.2 Establish a UNICEF regional pool of WASH emergency cholera response specialists and implement refresher training on emergency response in the area of WASH.	Regional office	September 2018	Under way The WASH section has established a regional pool of WASH emergency cholera response specialists from among country offices — predominantly staff who participated in a Centers for Disease Control-organized cholera epidemiological training in April 2018. Refresher training is planned for September 2018.	
Action 3.3 Develop a regional rapid response mechanism external roster (RRRM).	Regional office	April 2018	Completed Suitable candidates based on previous experience and training for cholera response, were identified and included in the RRRM external roster.	

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Action 3.4 Support countries in MENA to prepare guidelines, response plans, standard operating procedures and training packages in order to be ready to respond to cholera outbreaks.	Regional office	Continuous	Under way Support is being provided for the preparedness and response plans for 2019 for the country offices in Iraq, the Sudan and Yemen. Simplified online guidelines, standard operating procedures and training packages are being developed jointly with WHO for use by countries.	
Action 3.5 Train C4D staff from all country offices during the regional C4D network meeting, with a focus on standards for behaviour change communication in emergencies, accountability to affected populations (AAP) and leveraging resources, using course material developed for the global New York University-UNICEF course on disease outbreak and the social science in humanitarian action platform.	Regional office	September 2018	Not started	
Action 3.6 Recruit dedicated C4D in emergency capacity in MENARO to support country offices on all aspects of prevention, preparedness and response.	Regional office	February 2019	Not started Preliminary discussions are ongoing with the Programme Division and the Office of Emergency Programmes (EMOPS) for dedicated C4D in-emergency capacity at the regional office level in all regions to cover humanitarian preparedness and response, including AAP.	

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Evaluation recommendation 4: Establish a cholera task force at the regional office level There is a lack of coherence both in the advisory input on cholera from different UNICEF sections and between the different components of the UNICEF programme. With regard to advisory input, it is recommended that the different sections in the MENA regional office with responsibility in this area (WASH, health, C4D and nutrition) constitute themselves as a cholera task force for the duration of the epidemic to facilitate more coherent planning, support and programme implementation. **Management response: Agree** In response to the need for stronger coherence in the regional office's guidance and support to the cholera crisis in Yemen as well as in other affected countries in the region, the Cholera and Outbreak Task Force, with representation from all concerned sections, was established and is functional.				
Action 4.1 Establish MENARO Cholera and Outbreak Task Force.	Regional office	March 2018	Completed The MENARO Cholera and Outbreak Task Force was created in February 2018 and is functional. The Task Force involves the following sections: health and nutrition, WASH, C4D, humanitarian, supply and logistics and human resources.	Terms of reference for the task force
Evaluation recommendation 5: Harmonize UNICEF / WHO approaches and clarify roles During the cholera response, different understandings of roles between UNICEF and WHO took time to resolve. A central component of preparedness for a further epidemic or third wave should therefore be management discussion between UNICEF and WHO about the lessons from 2017 and how to ensure that the two agencies better harmonize future responses. **Management response: Partially agree** Coordination and a harmonized approach to addressing the challenges are needed and were not optimal in 2017. However, the coordination between agencies was not dysfunctional; rather personality issues and opinions at individual levels and behaviours occasionally affected the coordination adversely. Learning from the experience is very important. In joint meetings of the health and WASH clusters, the situation was presented to all partners by WHO and UNICEF, and it was found that the joint cluster meetings served as a good coordination mechanism in the second wave. The joint cluster used the lessons learned from the second wave to improve coordination and communication for future outbreaks. An integrated health, WASH and C4D plan has been prepared and non-governmental organizations are now asked to review their district-level plans based on the latest developments in the epidemiological landscape.				

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Action 5.1 Establish a regular technical coordination mechanism between WHO and UNICEF involving the WHO Regional Office for the Eastern Mediterranean Health Emergencies Programme (EMRO WHE) and the UNICEF MENARO Cholera Task Force.	Regional office	Continuous	Under way A regular technical coordination mechanism has been instituted at the regional level between WHO and UNICEF involving monthly technical calls between WHO EMRO WHE and the UNICEF MENARO Cholera Task Force.	
Action 5.2 Implement joint health and WASH cluster meetings (with C4D) to discuss the lessons from the last wave and what can be done differently if the number of suspected cholera cases rises again.	Country office, with headquarters and the regional office and WHO	Fortnightly/monthly inter-cluster meetings held	Completed At least two meetings have been held on lessons learned and the way forward.	Joint Health and WASH Cluster Coordination Meeting, 20 May 2018; Yemen WASH Cluster Cholera Lessons Learned Meeting Report, 14 February 2018
Action 5.3 Develop a joint health and WASH cluster (including C4D) strategic plan and make it operational.	Country office and WHO	15 May 2018	Completed Health and WASH cluster strategic and operational plans have been developed.	Draft Integrated Cholera Prevention and Control Strategic Plan Yemen, February 2018; Summary – Operational Plan for Integrated Cholera Prevention and Response Strategic Plan 2018

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Action 5.4 Hold regular discussions between WHO and UNICEF management and technical teams on situation and response (three-level calls, involving the country and regional offices and headquarters).	Country office, regional office, headquarters and WHO	Need-based	Under way Joint three-level calls have been held.	Minutes of a UNICEF Yemen/WHO OCV call, 17 February 2018, and follow-up.
Evaluation recommendation 6: Clarify coordination processes Coordination of the 2017 response in Yemen was confused, with multiple mechanisms overlapping and running in parallel. In particular, the respective roles of the clusters (health/WASH) vis-à-vis the emergency operations centres were poorly defined. Another essential component of preparedness is the clarification and simplification of the cholera-related coordination processes and the respective roles of the Cholera Task Force, the emergency operations centres, the health/WASH clusters, the Office for the Coordination of Humanitarian Affairs and the Humanitarian Country Team/Inter-Cluster Coordination Mechanism. **Management response: Agree** The country office is already taking action for strengthening coordination mechanisms within the office as well as with other partners. Protocol for information flow in the office is in place. Joint health and WASH cluster meetings are taking place. A note explaining coordination mechanisms is being developed.				
Action 6.1 Ensure local-level data sharing between health and WASH rapid response teams.	Country office	Continuous	Under way A protocol and chart for information flow have been developed and disseminated. WASH and health rapid response teams are in place. An information control centre has been established for real-time monitoring and information sharing.	Concept note on the use of rain forecast information for targeting prevention and case management activities, March 2018; schematic: organization of rapid response teams
Action 6.2 Joint health and WASH cluster meetings re-start/continue.	Health and WASH cluster coordinators, with support	Continuous	Under way Joint meetings commenced in April 2018 and are continuing.	Minutes from joint health and WASH cluster meetings

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	from lead agencies			
Action 6.3 Develop a clear understanding of the coordination mechanisms for the cholera response, including the role of the Emergency Operations Centre at the national and governorate levels.	Country office, with support from the regional office and headquarters	End May 2018	Under way Discussions were held between the Resident Coordinator, UNICEF, WHO and the clusters, and the coordination mechanisms were included as an agenda item in the joint three-level calls to clarify the coordination mechanisms and the role of the Emergency Operations Centre.	
Evaluation recommendation 7: Scale up and secure preventive WASH work While much of the essential preventive WASH agenda is medium to longer term, some components are crucial to prevention in the shorter term. This includes system maintenance and the ongoing supply of fuel, chlorine and spare parts for water supply and waste treatment systems. Given the volatility of the situation in Yemen, UNICEF should take all necessary steps to secure the relevant supply chains and create contingency stockpiles as appropriate, while also conducting C4D and protecting water sources in high-risk areas and at the local level. **Management response: Agree** A procurement plan for ensuring sufficient stocks of water purification tablets has been prepared and is being implemented. The development of an operation and maintenance plan for water supply systems is in progress as are preventive WASH interventions in high-risk areas. Communication support materials are being revised to ensure stronger messaging and community engagement and behavioural change.				
Action 7.1 Develop and implement a procurement plan to ensure sufficient stocks of water purification tablets in-country. *Note: Bulk water purification chemicals (e.g., bulk chlorine).*	Supply Division	December 2018	Under way Purchase orders for chlorine tablets and granules were placed in mid-2017 and staggered for delivery immediately until Q2 2018, with a total value of $4.4 million.	
Action 7.2 Operationalize public water supply systems and sanitation facilities through the provision of fuel.	Country office	Continuing	Under way Fuel assistance (3.8 million litres per month), including for water	WFP/UNICEF service-level agreement for the provision of

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			disinfection, is being provided to all 15 major cities.	logistics services in Yemen, March 2018; information on local water and sanitation corporations
Action 7.3 Implement operation and maintenance plan for the water supply system (disinfection/chlorination)	Country office	Continuing	Under way Mechanical equipment (dosing pump or chlorinator) is being installed and water disinfectants are being supplied.	Cholera supply needs and plan, January to December 2018
Action 7.4 Scale up the preventive WASH interventions in high-risk areas, including rehabilitating the water supply and sanitation networks and scaling up such interventions in institutions (health facilities and schools).	Country office	Continuing	Under way A detailed needs and prioritization assessment has been undertaken. Work has been initiated both in rural and urban areas, with the implementation of nearly 300 WASH prevention and intervention projects. Work is also under way in 500 health facilities and schools.	Guidance for revised programme strategy notes, January 2018
Action 7.5 Strengthen community engagement and behavioural change interventions around WASH, including promoting hand washing with soap and safe water use, food hygiene and the use of safe hygienic latrines.	Country office	September 2018	Under way A review of the WASH communication support materials is under way as is the preparation for the training of community volunteers and hygiene promoters.	
Evaluation recommendation 8: Strengthen Yemen national cholera surveillance and reporting Despite progress on the local-central surveillance process and the introduction of electronic line listing, more needs to be done to strengthen this process to improve data accuracy and the speed of reporting. It is recommended that UNICEF work with WHO and the health authorities to undertake an audit of the local-to-national surveillance system, with a view to identifying necessary steps to strengthen the system.				

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Management response: Agree There is a full recognition of the need to strengthen cholera surveillance system and produce more-accurate estimates of detected cases. Discussions with WHO and other partners have been held on a continuous basis. The country office, with support from the regio nal office and headquarters divisions, is continuing its advocacy at the national level with WHO and health authorities to strengthen surveillance systems. (Please also see response to recommendation 5.)				
Action 8.1 Continue advocacy at the national level with WHO and health authorities for strengthening surveillance, especially the quality of reporting at the reporting sites and the strengthened capacity of central labs.	Country office, with support from the regional office and headquarters, as necessary	Continuous	Under way Country-level discussions on plans for strengthening surveillance are ongoing.	
Action 8.2 When indicated, conduct a third-party monitoring validation exercise to assess the quality of reporting at the source: diarrhoea treatment centres/oral rehydration points.	Country office, with support from the regional office and headquarters, as necessary	As needed	Not started Checklists and the methodology are ready. An exercise is to be triggered as/when needed.	
Evaluation recommendation 9: Strengthen community-based surveillance and response capacities Given the security and access challenges, UNICEF and its partners should help to strengthen community capacities in high-risk areas to prevent, prepare for and respond to outbreaks of acute diarrhoeal. This would require both enabling the identification and no tification of cases through community focal points and early treatment of suspected cases through community-level oral rehydration points. **Management response: Partially agree** The mainstay for obtaining good-quality and timely data should be the formal surveillance system first and foremost. Any additional measures to improve the sensitivity or reach of the surveillance system, such as expansion into a community-based surveillance system, are secondary. The country office supports and is already implementing the community-based detection of cases of diarrhoea, the promotion of home care and the seeking of early care and referral, as needed, through its network of community health volunteers and commu nity health workers.				
Action 9.1 Train community health workers and community volunteers and health volunteers.	Country office	September 2018	Under way Community engagement approaches, training tools, job aids and other	

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			interventions are being reviewed for strengthening.	
Action 9.2 Use traditional community structures and bodies that can be effective in incident reporting.	Country office	Continuous	Under way Five C4D consultants will log incidents and critical rumours to the field and the country office on a monthly basis.	
Evaluation recommendation 10: Enhance rapid response capacities. UNICEF should build on the rapid response team and rapid response mechanism models and, with its partners, take stock of lessons learned from 2017 to strengthen these mechanisms for future responses. This would include revising response team standard operating procedures and training modules, conducting trainings ahead of further outbreaks and supporting joint inter-agency planning, including the precise definition of roles and responsibilities and the running of simulation exercises. Appropriate pre-agreements and contracts should be put in place with operational partners and suppliers. **Management response: Agree** Rapid response teams have been established and are functional. A rapid response team coordination centre has been established and health and WASH rapid response teams interact on a daily basis. Further strengthening of capacity through tailored training is at the preparatory stage.				
Action 10.1 Form and maintain rapid response teams for WASH in priority districts.	Country office	February 2018	Completed Rapid response teams have been formed in all priority districts as well as stand-by rapid-response capacity across Yemen.	Cholera information flow chart for health and WASH; WASH rapid response teams (Arabic and English)

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Action 10.2 Develop a rapid response team coordination centre for health and WASH.	Country office	May 2018	Completed A rapid response mechanism is in place and partnerships have been established with mechanism partners. Detailed contacts for rapid response teams have been developed at the district, governorate and national levels for both health and WASH. A coordination centre has been developed for daily interaction between WASH and health rapid response teams. A flow chart for information has been agreed between the health and WASH clusters. A mechanism for the receipt of a forecast of meteorological data on rainfall on a weekly basis has been developed with the support of the Department for International Development. The forecast will be shared in a timely manner with rapid response teams for preparedness actions.	Concept note: Mechanism to monitor the effectiveness of coordination between WASH and health rapid response teams, May 2018; terms of reference for Yemen cholera outbreak WASH rapid response teams
Action 10.3 Update cholera training modules, with the inclusion of a module on rapid response teams.	Country office	February 2019	Under way The training of the master trainers and the cascade training plan have been discussed with the health authorities and approval for the training dates is pending.	Yemen acute watery diarrhea and cholera outbreak standard operating procedures, Yemen WASH

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				cluster, March 2018
Evaluation recommendation 11: Establish additional response preparedness measures. In addition to the preparedness-related measures noted above, UNICEF should take further action to: ensure WASH response capacities, including through training; ensure the necessary supply for cholera kits; and invest in contingency stocks or purchase arrangements at the local and international levels. **Management response: Agree** Additional measures for better preparedness in the area of WASH have been taken: a supply plan has been developed and WASH supplies are prepositioned at eight locations. Fifteen WASH Programme Cooperation Agreements have been finalized for targeting high-priority districts. The UNICEF WASH team in the country office has been strengthened with additional human resources.				
Action 11.1 Ensure that the 2018 WASH supply plan is developed and implemented.	Country office	March 2018	Completed A supply plan was developed by considering the planning target of the integrated cholera preparedness plan. WASH supplies are prepositioned at eight locations with partners. Furthermore, additional supplies for responding to 500,000 suspected cases for a period of three to six months are stocked in three UNICEF warehouses.	Cholera supply needs and plan, January to December 2018
Action 11.2 Prepare contingency Programme Cooperation Agreements covering all high-risk districts.	Country office	March 2018	Completed Fifteen WASH Programme Cooperation Agreements have been finalized for targeting high-priority districts.	Contingency Programme Cooperation Agreements – WASH
Action 11.3 Increase and enhance the capacity of national and subnational WASH teams.	Country office	April 2018	Completed Four implementing partners and 12 national staff have been recruited for the UNICEF WASH section and cluster.	

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			Staff attended training on epidemiological data and WASH response. A technical adviser on the capacity building of partners is on board and a detailed plan is being implemented.	
Evaluation recommendation 12: Strengthen monitoring and quality control. UNICEF monitoring and programme follow up in 2017 faced the challenge of covering a massively scaled-up programme with relatively limited resources and difficult access. This is of concern from the perspective of both accountability and quality control, and is a problem for the system as a whole. UNICEF should do all it can to strengthen both direct and indirect monitoring. An essential corollary to this is that UNICEF finds ways to better utilize the results from programme monitoring to continuously inform the ongoing response and adapt it accordingly. **Management response: Agree** The country office is exercising a continuous effort to strengthen the quality and effective use of data collected by implementing partners as well as by third-party monitors through the development of tools and training on their use, the regular provision of feedback by third-party monitors and follow-up on the implementation of identified necessary actions by programme staff.				
Action 12.1 In consultation with WHO and other partners, build the capacity of implementing partners on key standards and guidelines for monitoring and reporting.	Country office	July 2018	Under way All implementing partner technical staff are being trained on key guidelines, including regarding treatment protocols, standard operating procedures for diarrhoea treatment centres, oral rehydration points and Infection Prevention and Control at the case management sites.	Standard operating procedures for diarrhoea treatment centres (WHO/ Government of Yemen); standard operating procedures for oral rehydration corners (WHO/ Government of Yemen)

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Action 12.2 Strengthen communication between the third-party monitoring team and the programme staff to ensure timely feedback and corrective measures for quality issues.	Country office	July 2018	Under way Periodic feedback is being provided by the third-party monitoring teams to the sections and field-office teams. An action tracker has been developed for follow-up on actions identified by the third-party monitoring teams.	
Evaluation recommendation 13: Invest in better understanding of behaviours and transmission contexts The 2017 response was not adequately informed about household and community practices, or about people's knowledge, attitudes and beliefs concerning cholera and the response to it. A knowledge, attitude and practice survey is currently planned, and should be supplemented by ongoing efforts to understand household perceptions and challenges during the course of any outbreak response. UNICEF should also invest in epidemiological and socio-anthropological research, identifying cholera hotpots, risk factors, community risk behaviours and practices as well as community uptake of campaign messages. **Management response: Agree** The country office has planned for and is currently implementing complementary actions to study and better understand environmental factors, community risk practices and the effectiveness of campaign messages and their uptake. A quantitative survey on knowledge, attitudes and practices is at an advanced stage of implementation and qualitative research on cholera hot spots is being prepared. These are complemented by regular data collection by third-party monitoring teams on patterns in community behaviours, which helps in adjusting communication messages, as necessary.				
Action 13.1 Undertake knowledge, attitude and practice surveys to understand household perceptions, community risk behaviours and hygiene practices.	Country office	September 2018	Under way The bidding process for the selection of the service provider has been completed and the survey design and tools have been revised. Field data collection will begin in early July.	
Action 13.2 Collect regular data on risk behaviours and hygiene practices through third-party monitoring teams to better monitor results and trends and understand transmission contexts by correlating such behaviours and	Country office	Continuous	Under way Indicators and methods have been agreed with the regional office. The orientation of the third-party monitors has been planned and data collection is scheduled to start in July 2018.	Monitoring of behaviors/ uptake of key practices in cholera prevention and

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practices with epidemiological data and cholera hotspots.				response in Yemen
Action 13.3 Conduct regular qualitative research in hotspots to maintain an updated understanding of perceptions of risk and of the response as well as negative narratives and barriers to appropriate behaviours.	Country office	Continuous	Under way Topics and questions agreed with the regional office. Focus group discussions will start in July and thereafter be conducted on a regular basis.	
Evaluation recommendation 14: Consolidate UNICEF global learning on cholera. UNICEF has learned a great deal from the experience of responding to the 2017 cholera epidemic in Yemen; other recent major cholera epidemics in Haiti, South Sudan and Zimbabwe; the cholera regional initiatives in West Africa and Eastern and Southern Africa; and other forms of epidemic response (notably for Ebola). UNICEF should hold an internal learning event that brings relevant staff together to consolidate recent experience on cholera, using Yemen as a key case study. **Management response: Agree** An internal learning event is planned to capture recent experiences in cholera epidemic response, review the approach of UNICEF and the response strategy and to draw lessons.				
Action 14.1 In the context of the Health Emergencies Preparedness Initiative (HEPI), the Programme Division and EMOPS will identify resources to jointly fund and organize an internal learning event, bringing together key UNICEF staff to capture learning on cholera epidemic response. The workshop will serve as a mechanism to review the UNICEF approach to and strategy on cholera and to draw on lessons learned from the 2017 response.	Programme Division EMOPS	31 December 2018	Not started	

Action	*Responsible section/s*	*Expected completion date*	*Actions taken and implementation stage: Not started Under way Completed Cancelled*	*Supporting documents*[1]
Evaluation recommendation 15: Consolidate UNICEF global epidemiological capacity. Given the Yemen experience, UNICEF should establish a network of global and regional cholera experts (internal/external), who would be part of the global exchanges and capitalization efforts. Members of this network might provide additional surge capacity during major outbreaks and play an oversight and monitoring role at the regional and global levels. Related to this, UNICEF should play a greater role in building global epidemiological understanding. **Management response: Agree** As part of HEPI, a technical working group is being established at the headquarters level. The working group will evolve into an operational task force with a focus on cholera, among other issues, that will liaise with regional offices to provide the necessary support. The establishment of an emergency response team for cholera is being considered. UNICEF will increase its presence in the GTFCC. Discussions with Johns Hopkins University and the Centers for Disease Control on areas of potential research around cholera are currently taking place.				
Action 15.1 As part of HEPI, establish a technical working group. Under the leadership of the Principal Adviser, Public Health Emergencies, the working group will evolve into an operational task force at the headquarters level, with a focus on cholera, that will liaise with regional offices on surge support to the field.	Programme Division	31 July 2018	Under way The team was operationalized in the context of the 2018 Ebola outbreak in the Democratic Republic of the Congo, and its functions will be formalized.	
Action 15.2 The Programme Division and EMOPS will consider establishing an emergency response team if/as funding becomes available specifically for cholera, comprising sector-wide experts, including in health, WASH and community sensitization.	Programme Division EMOPS Division of Human Resources	31 December 2018	Under way In the context of the 2018 Ebola outbreak in the Democratic Republic of the Congo, UNICEF has been making use of the roster developed by HEPI to contact community sensitization, health and WASH experts who can be immediately deployed to support the response.	
Action 15.3 With a view to strengthening its link with global mechanisms on cholera, the Principal Adviser, Public Health	Programme Division	31 December 2018	Under way UNICEF already leads the cholera platforms in Kenya and Senegal and is	

Action	*Responsible section/s*	*Expected completion date*	*Actions taken and implementation stage:* *Not started* *Under way* *Completed* *Cancelled*	*Supporting documents*[1]
Emergencies, will represent UNICEF on the GTFCC.			considering establishing a platform in Jordan under the same model. Key MENARO staff attended the GTFCC annual meeting in June and the issue of the integration of platforms was raised. Prior to the meeting, a conference call between the existing platforms and the GTFCC secretariat prepared the discussion. Follow-up and next steps are expected in the coming weeks. The Global WASH Cluster is already engaging with and contributing to the GTFCC. The cluster provides an opportunity to be part of global exchanges and capitalization efforts.	
Action 15.4 Strengthen engagement with academic institutions.	Programme Division	31 December 2018	Under way The Principal Adviser, Public Health Emergencies has started engaging with Johns Hopkins University and the Centers for Disease Control on areas of potential research around cholera (behavioural change, case definitions, rapid diagnostic tests and rapid response teams).	
Action 15.5 Strengthen the global epidemiological capacity of UNICEF through the recruitment of a Principal Adviser, Public Health Emergencies.	Programme Division	31 May 2018	Completed The Principal Adviser was recruited and is currently providing technical support to the country and regional offices on cholera outbreak response. In addition, the Principal Adviser recently provided such support to the	

Action	*Responsible section/s*	*Expected completion date*	*Actions taken and implementation stage: Not started Under way Completed Cancelled*	*Supporting documents*[1]
			Democratic Republic of the Congo for the Ebola response.	
Evaluation recommendation 16: Strengthen UNICEF global cholera preparedness. UNICEF should review its preparedness to respond to cholera outbreaks in all high-risk regions and countries. Risk assessments and contingency plans should be built into country plans as appropriate. This should be done in collaboration with WHO and other relevant partners, with a view to ensuring close coordination and collaboration with other international organizations. **Management response: Agree** UNICEF is planning to develop an internal document to map out the UNICEF contribution to achieving the targets set out by the GTFCC. Emergency preparedness procedures are being rolled out and an emergency preparedness platform (EPP) is operational. By the end of May 2018, 31 country offices had approved plans for incorporating the EPP and 59 countries had made significant progress, having completed three out of four steps. The development of toolkits and other guidelines to prevent, mitigate and prepare for all health risks, including cholera, is ongoing. This guidance will facilitate response efforts by enabling country teams to quickly access and adapt existing tools to the context. Actions at the headquarters, regional and country levels to strengthen collaboration with WHO are being implemented on a continuous basis.				
Action 16.1 To align with the Ending Cholera–A Global Roadmap to 2030 strategy, a HEPI outbreak task force will develop an internal document to map out the UNICEF contribution to achieving the targets set out by the GTFCC (i.e., to move from a preparedness/response approach to a long-term strategy for the control of epidemics). Funds will be raised to recruit a full-time position in headquarters focused on cholera.	Programme Division	31 December 2018	Not started	
Action 16.2 Roll out emergency preparedness procedures and an EPP to ensure that mechanisms and systems are put in place to enable effective, timely emergency response to humanitarian crises.	EMOPS, regional offices, country offices	31 December 2018	Under way By 24 May 2018, 31 country offices had approved plans on the EPP and 59 countries had made significant progress (three out of four steps completed).	

Action	*Responsible section/s*	*Expected completion date*	*Actions taken and implementation stage: Not started Under way Completed Cancelled*	*Supporting documents*[1]
Implement the systematic verification through the EPP of country office preparedness on cholera, particularly for high-risk countries.				
Action 16.3 Under HEPI, develop toolkits and guidelines to prevent, mitigate and prepare for all health risks, including cholera, to facilitate response efforts by enabling country teams to quickly access and adapt existing tools to the context.	Programme Division	31 December 2018	Under way	
Action 16.4 Strengthen collaboration with WHO on cholera in Yemen.	EMOPS Programme Division	Continuous	Under way UNICEF/WHO conference calls have been conducted at the headquarters, regional and country levels to address the cholera response in Yemen. The calls have been instrumental in addressing some of the operational challenges and gaps, including the updated joint cholera preparedness and response plan. This model can be used for health emergencies beyond cholera.	Follow-up on WHO/UNICEF cholera conference call, April 2018